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31042 U.S. PTO
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PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 5605USA	
		First Inventor TRENHAILE, SARA J.	
		Title	METHOD AND SYSTEM FOR OPTIMIZING INGREDIENT BLENDING
		Express Mail Label No.	
(Only for new nonprovisional applications under 37 CFR 1.53(b))			
APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
SEE MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages: 19] <small>(preferred arrangement set forth below)</small>		a. <input type="checkbox"/> Computer Readable Form (CRF)	
-Descriptive title of the invention		b. Specification Sequence Listing on:	
-Cross Reference to Related Applications		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
-Statement Regarding Fed sponsored R & D		ii. <input type="checkbox"/> paper	
-Reference to sequence listing, a table, or a computer program listing appendix		c. <input type="checkbox"/> Statements verifying identity of above copies	
-Background of the Invention			
-Brief Summary of the Invention			
-Brief Description of the Drawings (if filed)			
-Detailed Description			
-Claim(s)			
-Abstract of the Disclosure			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages: 12]		9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))	
5. Oath or Declaration (UNSIGNED) [Total Pages: 4]		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
a. <input type="checkbox"/> Newly executed (original or copy)		11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for continuation/divisional with Box 18 completed)</small>		12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Citations Statement (IDS)/PTO-1449	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.63(b)</small>		13. <input type="checkbox"/> Preliminary Amendment	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(If foreign priority is claimed)</small>	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 <small>(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</small>	
		17. <input type="checkbox"/> Other:	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.:			
Prior application information: Examiner: Group Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer Number or Bar Code Label here)</small> 30173 or <input type="checkbox"/> Correspondence address below			
Name GENERAL MILLS		PATENT & TRADEMARK OFFICE	
Address P O BOX 1113			
City Minneapolis		State MN	Zip Code 55440
Country USA	Telephone 763-764-2265	Fax 763-764-2268	
Name Michael C. Majer		Registration No. (Attorney/Agent) 36,206	
Signature <i>[Signature]</i>		Date November 8, 2001	

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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PTO/SB/17 (11-00)

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)
758.00

Complete if Known	
Application Number	
Filing Date	
First Named Inventor	TRENHAILE, SARA J.
Examiner Name	
Group Art Unit	
Attorney Docket No.	5605USA

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:
Deposit Account Number 07-0900
Deposit Account Name General Mills, Inc.
☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Applicant Claims small entity status. See 37 CFR 1.27
2. ☐ Payment Enclosed:
☐ Check ☐ Credit Card ☐ Money ☐ Other Order

FEE CALCULATION

1. BASIC FILING FEE			
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
101 740 201 370		Utility filing fee	740.00
103 330 206 165		Design filing fee	
107 510 207 255		Plant filing fee	
108 740 208 370		Reissue filing fee	
114 160 214 80		Provisional filing fee	
SUBTOTAL (1)			(\$) 740.00

2. EXTRA CLAIM FEES			
Extra Claims		Fee from below	Fee Paid
Total Claims 21 -20**	= 1	x 18.00	= 18.00
Indep. Claims 3 -3**	= -0-	x 84.00	= -0-
Multiple Dependent			

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
103 18 203 9		Claims in excess of 20	
102 84 202 42		Independent claims in excess of 3	
104 280 204 140		Multiple dependent claim, if not paid	
109 84 209 42		** Reissue independent claims over original patent	
110 18 210 9		** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$) 758.00

**or number previously paid, if greater; For Reissues, see above.

3. ADDITIONAL FEES

3. ADDITIONAL FEES				Fee Description	Fee Paid
105	130	205	65	Surcharge – late filing fee or oath	
127	50	227	25	Surcharge – late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2520	147	2520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1840*	113	1840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1440	218	720	Extension for reply within fourth month	
128	1960	228	980	Extension for reply within fifth month	
119	310	220	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1510	138	1510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive – unavoidable	
141	1240	241	620	Petition to revive – unintentional	
142	1280	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
146	710	-246	355	Filing a submission after final rejection (37 CFR § 1.129 (a))	
149	710	246	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
				Advance Copies	
Other fee (specify)					

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type) Michael C. Maier
Signature

Registration No. 36,206
(Attorney/Agent)

Complete (if applicable)

Telephone 763-764-2265
Date 11/8/01

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